

# **HOUSING AND COMMUNITY PLANNING**

## **Housing Options for Persons with AIDS: An Annotated Bibliography**

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# HOUSING OPTIONS FOR PERSONS WITH AIDS:

## An Annotated Bibliography

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This annotated bibliography contains 113 references related to housing for persons with HIV infection. Research on housing represents an emerging category within the burgeoning AIDS literature. Housing issues are often buried in the psycho-social care literature, or given passing reference in material related to homelessness and needs of special groups. Much of the early literature is an extension of either palliative or hospice care with a focus on self-care or supported home care.

Housing, as anchor point from which services are received and delivered, is an important factor in maintaining health for persons with HIV infection. Without adequate shelter, medical and social services, available community support and income assistance are inaccessible. Affordable, appropriate housing is an essential first step in serving the physical, mental, social and economic needs of persons with HIV. Similarly, at the community level, prevention education appears to be less likely to make a positive impact when housing problems predominate.

The English literature search was conducted in the summer of 1990 using the on line capabilities of the University of British Columbia's library system. Seven key words were used in the English search: AIDS (Acquired Immune Deficiency Syndrome); HIV (infection); Housing; Homelessness; Hospices; Intravenous Drug Users; and Shelter. Four journal indexes provided a guide to the literature including: Social Sciences 1979 - 1990; Readers' Guide to Periodicals 1980 - 1990; Social Sciences Citation 1983 - 1990; and Medical Periodicals 1984 - 1990. Four abstract sources were selected including: Sociological; Psychological; Community Health; and Medical Abstracts. The search for the French literature sources was conducted using the University of British Columbia's on line National Library Service. Four Key words were employed: *SIDA*; *Sidateques*; *Sideens*; and *logement*. Nothing was found under the *logement* key word which is indicative of the state of the literature in this area. Further searches were conducted using the Canadian News Periodical Index as well as Le Monde periodical index. Point de Repere journal index was reviewed from 1986 - 1990. Research assistants included Judy Quon, Alison Millward, Nadia Morrison and Margaret Eberle.

Abrams, Donald I., James W. Dilley, Linda M. Maxey and Paul A. Volberding (1986) "Routine Care and Psychosocial Support of the Patient With the Acquired Immunodeficiency Syndrome," *Medical Clinics of North America*, May, Vol. 70, No. 3, pp. 707-721.

Care of the person with the acquired immunodeficiency syndrome requires awareness of and attention to a complex interplay of somatic and psycho-social concerns. The San Francisco experience of centralized, coordinated services may

not be suitable for all locales, but offers lessons that can be adopted in an effort to provide compassionate and comprehensive care. The AIDS clinic in San Francisco had reached 1,200 patient visits per month by mid-1985. Centralization of facilities in this manner has allowed for the development of expertise among the health care professionals, all of whom are dedicated to providing top quality care with compassion and sensitivity.

Aggleton, Peter and Hilary Homans, eds. (1988) *Social Aspects of AIDS*, London: The Falmer Press.

This book contains a selection of papers originally written for the first UK Conference on Social Aspects of AIDS in October 1986. AIDS is not purely a biomedical phenomenon but has important social dimensions which range from the psychological consequences of being medically diagnosed as either HIV positive or as having AIDS to the complex social processes that organize popular perceptions and social responses to AIDS. These general concerns are addressed by a wide range of professionals in the AIDS field. Throughout the chapters of this book a number of themes recur. Central among these is the extent to which popular and professional understanding of AIDS has been informed by racism, homophobia and heterosexism.

**American Health Care Association (1987) *AIDS and the Nursing Home*, Washington: American Health Care Association.**

This book is divided into three sections. Part One, a revision of the original 1985 publication *AIDS and the Nursing Home Patient*, covers the medical and social care of the home AIDS patient. Part Two deals specifically with the possible risk factors for a health care worker, and discusses the proper procedures to follow to minimize risk. Part Three examines the need for policy guidelines to enable a long-term care facility to respond effectively to issues that may arise from having patients and employees who are AIDS carriers.

**Arno, Peter S. (1986) "The Nonprofit Sector's Response to the AIDS Epidemic: Community-based Services in San Francisco," *AJPH*, November, Vol. 76, No. 11, pp. 1325-1330.**

Community-based organizations in San Francisco have played a key role in providing social support services and public health information to those affected by acquired immunodeficiency syndrome (AIDS). These services have helped minimize the economic impact of the epidemic by reducing the level and expense of hospitalization of AIDS patients. During fiscal year 1984-85, the largest community-based groups in San Francisco provided more than 80,000 hours of social support and counselling services, responded to over 30,000 telephone inquiries and letters, and distributed nearly 250,000 pieces of literature. Home-based hospice care was provided to 165 AIDS patients at an average cost per day of \$94 per patient.

**Arno, Peter S. and Robert G. Hughes (1987) "Local Policy Responses to the AIDS Epidemic: New York and San Francisco," *New York State Journal of Medicine*, May, Vol. 87, No. 5, pp. 264-271.**

Thus far the AIDS epidemic in the United States has been concentrated in a few larger cities. For example, together New York and San Francisco account for 40 percent of the total

number of reported cases through the end of 1986. While both cities have directed considerable resources to dealing with the epidemic their policy responses have differed greatly. Although historically New York has had three times the AIDS caseload as San Francisco, it has consistently spent less money on public health education and on nonhospital-related health care services. The authors conclude that a community's response to AIDS will probably reflect the underlying social, economic, and political characteristics of persons with AIDS and the existing structure and organizational roles of local traditional health care and community-based service providers.

**Baker, James N. and Nadine Joseph (1988) "Needing a Place to Die," *Newsweek*, April 4, pp. 24-25.**

This article examines the plight of homeless people with AIDS in the United States and the vocal concerns of advocacy groups across the country who call for the establishment of suitable housing programs for homeless people with AIDS. Several different programs are reviewed including the Shanti Project in San Francisco.

**Bartlett, William C. (1988) *AIDS: Legal Issues of Federal Concern*, Ottawa: Law and Government Division, Research Branch.**

Bartlett's report reviews anti-discrimination legislation in Canada. He notes that much of the discrimination against people with the HIV virus is based on the mistaken belief that they are capable of transmitting the virus through some form of non-intimate contact and that they therefore pose a risk to the general public.

**Baumgartner Henderson, Gail (1985) *AIDS: Psychosocial Factors in the Acquired Immune Deficiency Syndrome*, Springfield: Charles C. Thomas.**

The author examines the psychosocial factors affecting those individuals at risk by reviewing the literature to date. Because of the existence of a sociopolitical network as an outgrowth of the Gay Liberation Movement, and because the early AIDS patients were gay, most of the emphasis in the literature and in this paper is on the gay AIDS patient and their means of coming to terms with the disease. The author makes an effort to determine ways in which this approach can be generalized to others in high risk categories.

**B.C. Civil Liberties Association (1989) *AIDS Discrimination in Canada*, British Columbia: B.C. Civil Liberties Association.**

The report assesses the scope and extent of unfair discrimination against persons with AIDS and persons infected or feared to be

infected with the HIV virus in Canada. Researchers collected reports of unfair discrimination against such persons, analyzed these reports, and examined two of the more common areas of discrimination: access to dental care and treatment of inmates in correctional facilities. Study findings indicated that AIDS discrimination is a serious problem but due to a lack of data was unable to assess to what extent. The study found, however, that progress had been made in the policy response of corrections officials to the presence of HIV inmates while access to dental care remains a problem. The report offers a number of recommendations which includes, among other things, a call for public education and the implementation by human rights bodies of a "fast track" system for AIDS discrimination complaints.

**Beauger, Marielle, D. Duoust, M. Dupuy-Godin and Y. Jumella (1988) "Sida et Société: pour une approche intégrée d'interventions" (AIDS and Society: Integrated Approach to Intervention), *Intervention*, Quebec, No. 79, Mars, pp. 67-72.**

In this article four practitioners present an integrated approach towards care of AIDS patients. After providing information regarding the illness, the authors discuss its physical, psychosocial and judicial repercussions on the patient and those in his/her environment, as well as the ethical questions raised by the disease. They outline the need for psychosocial intervention for all individuals involved in the disease (patient, partner, family, doctor, medical staff, etc.) and propose a joint therapeutic approach involving social workers, community health departments and other community services to cover each stage of the disease and each individual concerned.

**Beaulieu, Ginette (1986) "Les leçons d'une épidémie" (The Teachings of an Epidemy), *Santé-Société*, Quebec, Vol. 8, No. 3, Été, pp. 48-51.**

This article provides a medical description of the disease and details its financial cost (estimated at \$87,000 per patient in Canada). It discusses the lack of funding for research (10% of the funds allocated per capita in the states) and the poor response of the public health system in Quebec which is forced to rely on self-help groups and charitable organizations to deal with the emotional aspects of the disease.

**Binet, Richard (1988) "Séropositifs: ils vivent la peur au ventre" (HIV Infected Persons: Living in Fear), *La Vie*, Paris, No. 2240, August 4, pp. 57-61.**

This article relates the experiences of HIV infected persons following their diagnosis with the disease. Lack of support from medical staff, loss of family and friends in some cases, and the loss of housing emerged as common experiences. The article suggests that self-help groups such as those organized by a Paris

association named "Aides" can provide persons with AIDS an important source of emotional support and the opportunity to share their experiences.

**Blanchet, Kevin D. (1988) *AIDS: A Health Care Management Response*, Aspen: Aspen Publishers Inc.**

This book offers hospital administrators a general overview of AIDS-related issues such as hospital infection control, public regulations, legal issues, the development of AIDS services, and the cost of care. The author provides information on the psychosocial aspects of care and on the special place of social work departments in the spectrum of care for AIDS patients.

**Bor, Robert, Riva Miller, Eleanor Goldman, and Peter Kernoff (1989) "The Impact of AIDS/HIV on the Family," *Practice*, Spring, Vol. 1, pp. 42-48.**

AIDS/HIV can place considerable stress on family relationships. This report draws on information gained in family interviews with those affected by AIDS conducted at the Royal Free Hospital, London, since 1983. The following themes emerged from these interviews: the need to face up to loss and death in a climate where there is social stigma towards infected individuals and their families; stress related to changes in the structure of the family; multiple and complex problems that continue even after someone has died; and problems at the interface between the family and other systems, such as health professionals and other careers.

**Buckingham, Robert W. (1983) *The Complete Hospice Guide*, New York: Harper and Row Publishers.**

Buckingham intended this work as a guide and introduction to the hospice concept for both interested lay people and health care professionals. His goal is to familiarize the reader with the basic concepts of hospice care. The hospice philosophy outlined here incorporates pain control, symptom control (physical and psychological), continuous medical and nursing accessibility, medical direction, utilization of volunteers, home care, training of family members as care givers, and a bereavement program for the survivors.

**Callwood, June (1988) *Jim: A Life with AIDS*, Toronto: Lester & Orpen Dennys.**

This is a true account of a Canadian man diagnosed with AIDS in 1984. With help from Callwood, a journalist, Jim tells his story of his struggle with the disease. The account chronicles the social and medical problems that he was faced with, and how he dealt with these issues with the support of his family and friends.

**Canadian AIDS Society (1989) *Working Together: Towards a National AIDS Strategy in Canada*, Ottawa: Canadian AIDS Society.**

In this submission the Canadian AIDS Society (CAS) discusses, in detail, the numerous problems (discrimination, hostility, lack of government funding and leadership etc.) which remain in the fight against AIDS and makes recommendations for dealing with them. CAS offers a set of guiding principles for Canada's National AIDS Strategy in six key areas: education and prevention, treatment, care and support, testing and counselling, legal and discrimination issues. This is followed by a section on the economic considerations of AIDS such as funding sources, resource allocation and the funding of community and national organizations. The report recognizes that housing is a problem for many persons with AIDS and suggests that the housing needs of persons with AIDS should be assessed and that systems be put into place to ensure that persons with AIDS receive appropriate, adequate and affordable housing.

**Canadian Bar Association [Ontario] (1986) *Report of the AIDS Committee*, Ontario: Canadian Bar Association.**

This report briefly discusses, among other topics, provisions of the Canadian Human Rights Act and Ontario's Human Rights Code which deal with discrimination in the provision of accommodation. The report concludes that a general exception in the Federal Act and several specific exceptions in the Ontario Code which permit such discrimination under certain conditions, cannot be applied with "bona fide justification" to those with AIDS or ARC, or those who test HIV positive.

**Carney, Karen L. (1990) "AIDS Care Comes Home: Balancing Benefits and Difficulties," *Home Health care Nurse*, Vol. 8, No. 2, pp. 32-37.**

Carney discusses the benefits of the state-supported home health and hospice program of the Visiting Nurse Association (VNA) of Greater Lynn, Massachusetts. This program combined its hospice approach with a full range of medical and support services to create a new program designed to meet the diverse needs of AIDS patients at any stage in their disease process.

**Carpenter Weiland, Nancy (1988) "AIDS Initiatives in Massachusetts: Building a Continuum of Care," *The AIDS Epidemic*, P. O'Malley, ed., Boston: Beacon Press, pp. 429-439.**

The Health Resource Office was officially established within the Massachusetts Department of Public Health in August 1985 to coordinate policy, education, research, and service response to the AIDS epidemic, and to focus attention on the social and

economic impact of the disease. This article reviews the activities of the Health Resource Office from October 1983, when it began operation, through June 1987 as it allocates resources for AIDS and ARC programs and services. It describes the conceptual model that evolved during this period for the continuum of services needed to reduce HIV transmission and to provide services to those who are infected and ill. That model encompassed the following goals: continued support for research in an effort to find a cure and effective treatment, increased availability of direct services to people with AIDS, reduction of the spread of HIV through education and outreach, and maintenance of the state's leadership role to ensure care and compassion for those who are stricken with the illness.

**Cates, Jim A., Linda L. Graham, Donna Boeglin, and Steven Tielker (1990) "The Effect of AIDS on the Family System," *Families in Society*, April, Vol. 71, No. 4, pp. 195-201.**

With the increasing longevity of persons with AIDS, the family has begun to assume greater long-term responsibility for care of family members with AIDS. The authors discuss the stressors accompanying reintegration of a person with AIDS into the family system and explore the medical and social ramifications of the disease and experiences of families. Using three case studies the authors discuss potential intervention strategies.

**Clark, Christina, Alice Curley, and Anne and James Rachel (1988) "Hospice Care: A Model for Caring for the Person with AIDS," *Nursing Clinics of North America*, December, Vol.23, No.4, pp. 851-862.**

This chapter examines hospice care and AIDS. It begins with the relevance of the hospice philosophy and the hospice model of care to AIDS patient. The dying trajectory of AIDS is described along with factors that influence the trajectory and common symptoms noted in terminally ill persons with AIDS. Challenges to providing hospice care are reviewed, including staff issues and the uniqueness of AIDS grief. A case study of a person with AIDS concludes the chapter to underscore earlier points.

***Communauté Chretienne* (1988) "Le Sida, défi pour l'Eglise" (AIDS: A Challenge for the Church), Paris, Juillet/Aout, pp. 245-299.**

This report, a series of essays written by members of the Christian religion, analyzes the role played by homosexuality in parts of society's and the church's abandonment of people with AIDS and offers a moral rationale to encourage their acceptance. The report also provides examples of communities

and churches organizing around the AIDS issue and describes the dynamics of the opposition put forward by conservative segments of the church community.

**Co-operative Housing Foundation of Canada (1989)**  
*AIDS and Housing Co-ops: Information and Guidelines*, Ottawa: Co-operative Housing Foundation of Canada.

The co-op housing movement has always been at the forefront of social change in Canada. This tradition continued with the passage of a resolution to develop policies to assist housing co-ops to deal with the issues of AIDS at the 1988 CHF annual meeting. As AIDS becomes more and more relevant in our communities, it is more important than ever to deal with the issues and problem that arise. This article discusses such issues as discrimination, and human rights and housing. A resource list of Canadian AIDS Society member organizations is included.

**Dalton, Harlon L. ed. (1987)** *AIDS and the Law: A Guide for the Public*, New Haven: Yale University Press.

This book explains and examines the legal aspects of various AIDS-related issues. It is meant for anyone who has a professional need to come to grips with the legal issues spawned by the AIDS epidemic. Topics discussed include AIDS in the workplace, housing issues, medical treatment and also includes historical, social and cultural perspectives.

**Daly, Gerald (1990)** "Health Implications of Homelessness: Reports from Three Countries," *Journal of Sociology and Social Welfare*, March, Vol. XVII, No. 1, pp. 111-125.

This paper discusses the health implications of homelessness in the context of problems discovered and remedies proposed in Britain, Canada, and the United States. The findings, particularly with respect to programmatic responses, are selective and based upon personal observation over the past four years. They are intended to provide a glimpse of the range of projects which have evolved in the three countries during the 1980s.

**Dehovitz, Jack A. and Virginia Pellegrino (1987)**  
"AIDS Care in New York City: The Comprehensive Care Alternative," *New York State Journal of Medicine*, Vol. 87, No. 5, pp. 298-300.

In this issue the authors critically examine the differences in the policy responses of San Francisco and New York City to the

AIDS epidemic. They note that while both cities have devoted an enormous amount of financial support to fighting the epidemic, the timing of the development of specific services varied. Dehovits and Pellegrino also outline a comprehensive care model as an appropriate hospital-based response and describe the necessary characteristics of such a facility.

**Drake, Madeline (1990)** *Housing and HIV in South London: A Survey of the Housing Needs of People with HIV in Southwark and Lambeth*, London: AIDS and Housing Project and the Landmark.

From the results of a survey of people with HIV infection this report offers information to providers of housing and support concerning the housing needs and preferences of people with HIV infection. These needs vary according to the impact of the infection on an individual's health and the prejudice and discrimination experienced.

**Federal Centre for AIDS (1987)** *Caring Together: The Report of the Expert Working Group on Integrated Palliative Care for Persons With AIDS*, Ottawa: Health and Welfare Canada.

This report describes the findings of the Expert Working Group on Integrated Palliative Care for Persons with AIDS. Based on a survey of individuals providing AIDS care and data acquired from site visits to facilities in Montreal, New York and San Francisco the Group identified the essential components of integrated palliative care for persons with AIDS, their families and friends and designed a Model of Palliative AIDS Care intended for implementation at the community level. The Group recommends that within Canada, governments at all levels provide funds for the expansion or development of palliative care services designed to meet the needs of persons with AIDS and their families from the time of diagnosis through death and bereavement.

**Feingold, Michael (1990)** "AIDS, Mourning, and Action," *Harper's Magazine*, June, pp. 31-34.

The author, lead drama critic for the Village Voice, discusses the emotions and grief associated with AIDS-related deaths.

**Fineberg, Harvey (1988)** "Les dimensions sociales du Sida" (AIDS Social Dimensions), *Pour la Science* French publication of the Scientific American, December, No. 134, pp. 114-119.

This article analyzes AIDS as a challenge to such social taboos as sex, homosexuality, blood, drugs and death. Fineberg sees the disease as both provoking racism and discrimination and at

the same time as offering society the opportunity to foster greater acceptance and understanding. The article reviews the class and geographical distribution of AIDS sufferers throughout the world and in the United States (where there is a significant proportion of Black and Hispanic American people infected) and notes the difficulty of limiting the epidemic in areas of poverty. Fineberg also reviews the increasing financial costs related to the disease and emphasizes the need to increase funding and legal protection for people with AIDS, as well as the need to coordinate the fight against AIDS at the national and international level.

**Fleming, Alan F., Manuel Carballo, David W. FitzSimons, Michael R. Bailey, and Jonathon Mann eds. (1988) *The Global Impact of AIDS*, New York: Alan R. Liss, Inc.**

This volume covers the proceedings of the First International Conference on the Global Impact of AIDS held in London in March 1988. This work reflects the wide variety of problems and concerns discussed by the international group of experts representing both governmental and non-governmental organizations present at the conference. Contributions to the book cover a broad spectrum of interrelated approaches which range from the biomedical, epidemiological, clinical, social, behavioural, economic and demographic to the political and legal.

**Fraser, Marcy A. and Jerilyn Hesse (1988) "AIDS Homecare and Hospice in San Francisco: A Model for Compassionate Care," *Journal of Palliative Care*, December, Vol. 4, No. 4, pp. 116-118.**

This article identifies some of the pertinent issues which have emerged through the care-giving experience of San Francisco's AIDS Homecare and Hospice Program (a multidisciplinary approach to a home-based hospice model). Such issues as patients' substance abuse, suicide, alternative therapies, the need for personal care assistance, and grief and bereavement needs are discussed.

**Galazka, Michael (1987) "Hospice for AIDS Patients: Interesting Times Ahead," *The American Journal of Hospice Care*, November\December, Vol. 4, No. 6, pp. 11-14.**

The author questions how individual hospices, and the hospice community as a whole, can best prepare for increasing numbers of AIDS patients. Galazka recommends that hospices establish themselves as terminal care specialists of first resort within emerging AIDS care systems adapting their clinical practices, as necessary, to provide good AIDS terminal care while retaining hospice principles. He points out that fiscal intervention and regulation by the federal government will become necessary in

the future to finance appropriate comprehensive care for AIDS patients.

**Giroult, Eric (1990) "Health Aspects of Housing and Town Planning," *Journal of Sociology and Social Welfare*, March, Vol. XVII, No. 1, pp. 5-24.**

This paper presents an overview of those parameters that define the health aspects of rural and urban housing. It begins with a brief historical account of the major preoccupations faced by those concerned with environmental health. It then examines how dwelling hygiene and safety can be ensured by accounting for biological, chemical, engineering and physical parameters that are relevant to human health and well-being in residential quarters. The author draws on his broad knowledge of studies funded and/or published by the World Health Organization to establish a range of principles that ought to be the goal for promoting health and well-being at the community or municipal level.

**Goldstein, Gregory (1990) "Housing, Health and Well-Being: An International Housing Perspective," *Journal of Sociology and Social Welfare*, March, Vol. XVII, No.1, pp. 161-181.**

At present around 1,000 million people live in grossly inadequate housing and 100 million have no shelter whatsoever. Adverse trends in housing status and environmental conditions threaten the health and well-being of additional millions of people world-wide. The relationships between housing and health are reviewed, with an emphasis on the house structure, sanitation, pollution, and overcrowding. Possible approaches to improved housing and municipal planning are examined and key government policy requirements such as intersectoral coordination, the mobilization and "enabling" of communities, and strengthened environmental health services are offered.

**Gong, Victor (1985) *Understanding AIDS: A Comprehensive Guide*, New Jersey: Rutgers University Press.**

This book provides an excellent compilation of what is known and what is postulated about AIDS and offers useful information to health care providers, the general public, the worried well and those at minimal risk. Contents encompass a wide range of relevant issues

**Gong, Victor and Norman Rudnick (1986) *AIDS: Facts and Issues*, London: Rutgers University Press.**

This is a comprehensive guide to the numerous problems surrounding AIDS. It offers a broad outlook by examining a

range of topics raised by AIDS such as the clinical aspects, epidemiology, groups at risk, society's response, psychological and social issues.

**Gosten, Larry O. (1989) "Public Health Strategies for Confronting AIDS," *JAMA*, March, Vol. 261, No.11, pp. 1621-1629.**

Gosten discusses how legislation can make an important contribution to health efforts by: promoting professional standards through reasoned guidelines; by mandating appropriate health care services and public education, particularly in sensitive areas such as sex education in schools, condom advertising, and outreach programs for drug-dependent people; by funding research and policy development; and by safeguarding confidentiality and protecting against discrimination. The author also categorizes and reports on AIDS-related legislative and regulatory policy in the United States and assesses the likely impact of law in promoting or impeding public health efforts in combating AIDS. A figure outlining major subject areas and showing which states have enacted legislation is provided.

**Gottlieb, M.S., D.J. Jeffries, D. Mildvan, A.J. Pinching, T.C. Quin and R.A. Weiss (1987) *Current Topics in AIDS: Volume 1*, New York: John Wiley & Sons.**

The articles in this volume are designed to enable scientists and clinicians working on AIDS and HIV in diverse disciplines to obtain up-to-date reviews of relevant material from the vast literature collated into a readily assimilable form and context. Chapter topics include health policy percepts, social issues, epidemiology of AIDS, medical histories, and psychosocial dimensions.

**Goulden, Terry, Peter Todd, Robert Hay and Jim Dylan (1984) "AIDS and Community Supportive Systems: Understanding and Management of Psychological Needs," *The Medical Journal of Australia*, October, Vol. 141, No. 9, pp. 582-586.**

The authors describe the preparations by Sydney, Australia's homosexual community for that community's first AIDS case in 1983. In a discussion of the psychosocial aspects of AIDS the authors suggest that depression makes some people more susceptible to AIDS and identifies seven steps to assist people in learning to cope more positively with the AIDS crisis. These suggestions include, among other things, joining support groups to acquire information, share concerns and enhance communication skills; and channelling anger constructively through participation in political and social groups concerned with education and fund-raising for AIDS. The authors go on to

discuss how AIDS differs from other terminal illnesses both for the patients' families and for their lovers and gay friends.

**Greer, David S. and Vincent Mor (1986) "An Overview of National Hospice Study Findings," *Journal of Chronic Diseases*, Vol. 39, No. 1, pp. 5-7.**

In the spring of 1980, the Robert Wood Johnson Foundation and the John A. Hartford Foundation joined with the Health Care Financing Administration (HCFA) to study the impact of hospice in order to provide a basis for Federal policy and legislation. Quasi-experimental designs were used over a 3-year period to evaluate the impact of hospice care on the quality of life and health care costs experienced by terminal cancer patients and their families. A host of subsidiary analyses were also undertaken, ranging from the use of volunteers to factors affecting health care costs incurred in the last year of life. The authors present details of the central study findings as well as references to other reports. The major topics discussed are the differences between hospice service and conventional care; if the hospice intervention improves terminal patients' quality of life; if hospice intervention affects patients' caretakers; and if hospice yields savings in health costs. A brief summary of the major findings and their implications for medical practice and health policy conclude the report.

**Hamilton, Joan O'C. (1987) "Volunteers, Homecare, and Money: How San Francisco Has Mobilized," *Business Week*, March 23, p. 125.**

This article looks at the hospice situation in San Francisco in general and the fifteen bed "Coming Home" program in particular. Projects like Coming Home, a nonprofit facility financed through community fund-raising, have earned San Francisco what former U.S. Surgeon General C. Everett Koop called, a "pioneering role" in caring for AIDS sufferers.

**Haskell, G. William, Norma F. Satten, Pat Franks and Jeanne Parker Martin (1988) *Developing AIDS Residential Settings: A Manual*, San Francisco: Visiting Nurses and Hospice of San Francisco.**

Residential facilities offer a humane and cost-effective alternative for the care of persons with AIDS. This manual is designed to help in the development of residential facilities for persons with AIDS and other terminal diseases. The goal of this manual is to provide guidance and resources for public and private agencies seeking to establish residential settings for the care of people terminally ill with AIDS.

**Hawkins, Gordon (1989) *AIDS-related Social Research and Development Issues*, Ottawa: Canadian Association of Schools of Social Work.**



This report is the second phase of a comprehensive AIDS survey undertaken in Canada. It compiles the experiences of front line agencies in the AIDS field on social research and development issues. A number of themes recurred in these interviews, and Hawkins has formulated a series of recommendations based on them: improve the situation of those with HIV diseases, limit its spread, and make Canadian society as a whole more aware and accepting of its responsibility in relation to the pandemic. Hawkins's observations, inferences and recommendations fall into three broad-based categories: i) the community; ii) committees, coalitions, and care giving; and iii) other constituencies.

**Horner, Jaqueline (1990) "Preparing for the AIDS Patient," *Home Healthcare Nurse*, Vol. 5, No. 3, pp. 54-55.**

Horner discusses how a Rhode Island hospice, through educational sessions and a change to its operating by-laws, prepared to accept AIDS patients.

**Hubler, Shawn and Victor F. Zonana (1990) "Epidemics of AIDS, Homelessness are Converging," *The Seattle Times/Seattle Post-Intelligencer*, Sunday, April 29.**

This article reviews the alarming escalation of the number of homeless individuals afflicted with AIDS in the United States and makes recommendations for future housing projects and adequate health care.

**Hulchanski, J. David (1989) "Do All Canadians Have a Right to Housing?," *Canadian Housing*, Spring, Vol. 6, No. 1, pp. 5-10.**

Is housing an enforceable human right or an empty political slogan? Canadian Housing's editor for this special issue reviews the debate in Canada, concluding that the time for discussion has ended and a new course of action must begin.

**Human Rights Centre (1990) *AIDS and Human Rights Research and Education Bulletin*, February, No. 17, University of Ottawa.**

This article identifies those rights and freedoms most likely to be affected by HIV/AIDS-related measures taken by governments or by public reaction. It briefly discusses examples of areas in which discrimination may adversely affect people who have AIDS or who test HIV positive. The article provides a listing of Canadian and International AIDS organizations, references to AIDS-related caselaw and a short bibliography of recent publications dealing with discrimination and AIDS.

**Hummel, Robert F., William F. Leavy, Michael Rampolla and Sherry Chorost (1986) *AIDS Impact on Public Policy, An International Forum: Policy, Politics and AIDS*, New York: Plenum Press.**

This volume includes both major papers presented at the AIDS International Symposium in New York, as well as the panel discussions which followed. The areas of interest examined were public health, private rights, treatment modes, education and psychological responses.

**Institute of Medicine, National Academy of Sciences (1986) *Confronting AIDS: Directions for Public Health, Health Care, and Research*, Washington: National Academy Press.**

The information provided in this report resulted from a comprehensive study of a broad range of AIDS-related issues initiated by the National Academy of Sciences and the Institute of Medicine. The report describes in detail what was known about the acquired immune deficiency syndrome in 1986. While the report offers a number of conclusions and recommendations it suggests the following two major actions be undertaken to confront the epidemic of HIV infection and AIDS: 1) undertake a massive media, educational, and public health campaign to curb the spread of HIV infection; and 2) begin substantial, long-term, and comprehensive programs of research in the biomedical and social sciences intended to prevent HIV infection and to treat the disease caused by it.

**Institute of Medicine, National Academy of Sciences (1988) *Confronting AIDS: Update 1988*, Washington: National Academy Press.**

This publication updates the findings of the 1986 Institute of Medicine/National Academy of Sciences 1986 report *Confronting AIDS: Directions for Public Health, Health Care, and Research* with a view to assessing the nation's progress against AIDS and appraising the quality and extent of its responses. The update does not attempt to duplicate the breadth and depth of the original report but highlights, instead, new information or events that have given rise to a need for new directions as well as focusing on recommendations from the earlier report that deserved reemphasis, such as the establishment of a national advisory commission on AIDS and HIV infection.

**Jackson, Pauline and Carol Goldman (1986) "AIDS: Caring for your Patient at Home," *The Canadian Nurse*, March, Vol. 82, No. 3, pp. 18-22.**

The authors examine the nature of health care available to the AIDS patient at home. There is very little information available to those providing nursing and supportive care to these patients

and the authors hope to promote a better understanding of AIDS itself in order that sensitive and appropriate care can be provided. Jackson and Goldman discuss appropriate isolation precautions for home care workers to prevent transmission of the disease.

**Jager, Hans (1988) *AIDS and AIDS Risk Patient Care*, New York: Ellis Horwood.**

Jager reviews questions relating to the psychological aspects of AIDS and HIV infection. The book focuses on the practical aspect of patient care, and reviews a range of psychological problems surrounding the disease, such as drug dependency, imprisonment, death, homosexuality, family problems and self-help groups. Jager presents the information in two parts: the first offers a general understanding of the problems, while the second deals with specific issues of treatment and care.

**Jones, Peter ed. (1986) *Proceedings of the AIDS Conference 1986*, Newcastle upon Tyne: Ponteland.**

A wide range of topics are addressed in this volume; the basic medical information that is available, patient management and care, counselling for patients and their families, and hospital or home care.

**Kelly, Jeffrey A. and Janet S. Lawrence (1988) *The AIDS Health Crisis: Psychosocial and Social Interventions*, New York: Plenum Press.**

Kelly and Lawrence aim to familiarize mental health, social service, and counselling professionals in practice or in training with information about AIDS and its risk behaviours. They review behaviour-change methods for the primary prevention of HIV infection for individual clients, for groups, or at a community level; discuss psychosocial and social difficulties experienced by persons with AIDS and HIV infection; and outline clinical interventions that can help to alleviate some of these difficulties.

**Kines, Lindsay (1990) "Heartbreak Hotel," *The Vancouver Sun*, Saturday, February 24.**

Kines traces the experience of an AIDS patient living in Vancouver's Heritage House, a hotel that serves the gay community.

**Koff, Theodore H. (1980) *Hospice: A Caring Community*, Cambridge: Winthrop Publishers Inc.**

The author examines the concept of the hospice program in the United States and finds various areas in need of support, such as proper housing and quality medical care. Other issues that Koff addresses are the administration aspects of the hospice, patient counselling, pain control, and specific areas within the hospice program.

**Kubler-Ross, Elisabeth (1989) *Sida, un ultime défi à la société* (AIDS: The Ultimate Challenge for Society), Translated from the English language by Ann Tenier. Editions du Club Quebec Loisirs Inc.**

This beautiful book examines the emotional process a person must go through to be able to die in peace. It discusses the person dying of AIDS whose experience of dying is made harder by social rejection, hate or contempt encountered within institutions, the medical system and often the family. Having described the profound need for humanity and connectedness in the process of dying, Kubler-Ross goes on to discuss on one hand, society's generally inhuman response to the needs of persons with AIDS and on the other hand, the vital work done by some communities, self-help groups and volunteers in caring for them. Kubler-Ross' work pays special attention to the accomplishments of San Francisco gay community, currently a world leader in community organizing around the AIDS issue and in caring for people with AIDS. The book also deals with the increasing problem of babies born with AIDS and abandoned to the care of hospitals, and of AIDS among prisoners.

***La Vie* (1988) "Sida: Priorité à l'Accueil" (Priority to Space for AIDS Patients), Paris, No. 2225, 21 Avril, pp. 14-16.**

This article describes the situation in Paris hospitals where the number of beds and medical staff cannot efficiently respond to the increasing demand of persons with AIDS ("le Centre d'Accueil Tiberiade"). It also discusses the efforts of an association named "Argos 96" which attempts to respond to the problem of drug addicted people with AIDS. Social workers and other health professionals act as bridges between the hospital and street life in an attempt to reach this group of people who do not fit into the ordinary medical system.

**Lamping, Donna (1990) *HIV-Related Mental Health Needs and Services in Canada: Needs Assessment Final Report*. Montreal: Federal Centre for AIDS Working Group on HIV Infection and Mental Health.**

This report assesses HIV-related health needs and services through a questionnaire survey of 1,262 persons affected by HIV infection across Canada. Survey participants included persons

with HIV infection, care givers, and family members/significant others. The mental health problems which the survey found to be associated with the most distress included: concerns about increasing physical disability, negative mood states, concerns about sexual relationships, financial difficulties, and feeling of anger or frustration at the health care system. For all groups surveyed there was a common constellation of services that were most needed and used. In general these include information services, professional and peer counselling, and financial assistance for clients.

**Leaney, Alison Ann (1990) *An Evaluation of the Buddy/Home Care Program, A Working Palliative Care Program Operated by AIDS Vancouver*, Masters Thesis, School of Social Work, University of British Columbia.**

This paper evaluates the effectiveness of the Buddy/Home Care Program administered by AIDS Vancouver, a community-based AIDS organization in British Columbia. In this program volunteers provide one-to-one practical (home care volunteers) and emotional support (buddies) to persons with AIDS under the supervision of paid personnel. Leaney offers two sets of recommendations. The first set includes suggestions to improve the specific program while the second set involves the necessary improvements overall required to establish a nation-wide integrated hospice/palliative care service.

**Leckie, Scott (1989) "AIDS and Housing Rights in Canada," *Canadian Housing*, Spring, Vol. 6, No. 1, pp. 47-48.**

Persons with AIDS are natural targets of discrimination in housing. Although such instances have occurred less frequently in Canada than other countries, two cases recently went before the courts. As a result, the legal system recognized that AIDS is a physical disability, and therefore, offers grounds for legal protection and guarantees. A government policy concerning the housing needs of this group has yet to be formulated.

**Ley, Dorothy C. (1988) "The Casey House Model," *Journal of Palliative Care*, December, Vol. 4, No. 4, pp. 111-118.**

Casey House, which opened in downtown Toronto in March, 1988, is a free-standing thirteen bed hospice established for people terminally ill with AIDS. This article describes the planning and development of the hospice, its relationship with St. Michael's Hospital, and its financial and organizational structure.

**Local Authority Associations' Official Working Group on AIDS (1988) *Housing and HIV Infection*, London: Local Authority Association.**

There has been considerable discussion about how HIV infection should be addressed by the public sector. The focus of these discussions, however, has been on medical and care needs with little attention paid to housing. This report provides local housing authorities with a set of guidelines on how to work with people with HIV infection and AIDS. It draws on the knowledge and experience of councils, voluntary organizations and people with HIV infection and AIDS from all parts of the UK. It is one of a series of reports being published on AIDS by the Local Authority Associations' Officer Working Group.

**Lutz, Sandy (1987) "Hospices seen as alternative for AIDS care, but executives fear possible ramifications," *Modern Healthcare*, April, Vol. 17, No. 9, pp. 60-62.**

This article discusses hospice executives' concerns regarding the potentially negative impact growing caseloads of AIDS patients might have on financial reimbursements, fund-raising efforts and volunteerism.

**Manning, Margaret (1984) *The Hospice Alternative: Living with Dying*, London: Souvenir Press Ltd.**

In her book Manning seeks to clarify some misconceptions about the hospice movement, to discover its historical roots, and to explain its present structure and aims. In addition, she examines problems facing the present day hospice movement and discusses whether home care is preferable at any cost to a freestanding hospice unit or whether better community nursing programs should be established.

**Mansfield, Simon J. (1988) "The London Lighthouse," *Journal of Palliative Care*, December, Vol. 4, No. 4, pp. 110-101.**

Mansfield briefly describes the approach to AIDS patient care given by the London Lighthouse, the first organization in Britain to offer residential care together with a range of support services from a single community-based centre.

**Marchand, Richard (1989) *Fighting AIDS with Education: Report of the Gay Community Needs Assessment*. Vancouver: AIDS Vancouver.**

Marchand's survey of 347 members of Vancouver's gay and bisexual community sought to identify the educational needs of mainstream gay men by employing the community development

model of needs assessment. In general, survey results indicated that while knowledge about AIDS prevention is high in the gay community, knowledge did not always translate into behaviour changes. Marchand recommends, among other things, that basic AIDS information on HIV transmission and prevention must continue to reach the gay community but suggests that information should be broadened to address issues of discrimination and fear. In addition, he suggests that for an AIDS education program to be responsive, effective and funded, long range planning and program evaluation must be included in an AIDS prevention strategy.

**Martin, Jeanne (1986) "Ensuring Quality Hospice Care for the Person with AIDS," *QRB*, October pp. 383-358.**

Since mid-1984 the AIDS Home Care and Hospice Program has been an integral part of the continuum of care available to AIDS patients in San Francisco. The program offers a multi-disciplinary approach to care for terminally ill persons with AIDS who require home and/or hospice care. Martin describes the role of the program's team members (homemakers, nurses, social workers, volunteers, therapists and physicians) and discusses the ongoing need for staff education and support.

**McKusick, Leon ed. (1986) *What to Do About AIDS: Physicians and Mental Health Professionals Discuss the Issue*, Berkeley: University of California Press.**

This book is divided into four sections. The first section provides basic medical information while the second describes the mental health aspects of the epidemic. The third section presents papers which describe the specific impact of AIDS on various subgroups: gay men, drug users, newly seropositive individuals, women, and bereaved survivors. Finally, in the fourth section McKusick describes the administrative strategies developed in San Francisco as innovative attempts to serve the sudden and developing medical and psychosocial needs imposed by AIDS.

**Meisel, J., D. Mandon and P. Morris (1990) *Residential Options for Homeless Persons with AIDS: An Evaluation of Residential AIDS Shelters*, A Report for the Office of AIDS, Department of Health Services, State of California, San Francisco: Lewin/ICF.**

This report presents the findings of a study which evaluated the Residential AIDS Shelter model for group homes and assessed the problem of homelessness among PWAs in California. The study concluded that while residents were generally satisfied with their accommodation there was a need expressed for home health nursing and personal care assistance that was not

currently being met. Study findings suggest that because existing categories are inappropriate a new licensure category for PWAs should be created to provide the appropriate continuum of care.

**Ménard, Claudette (1988) "Face au sida, de respect des droits" (Respect for Rights in the Face of AIDS.), *Nursing Quebec*, Quebec, Vol. 8, No. 3, May/June, pp. 54-61.**

This article analyzes aspects of the law and the Charter of Rights and Freedoms which concern people with AIDS. It also discusses problems of interpretation which arise when the rights of the person with AIDS conflict with the rights of persons who believe themselves to be at risk (hospital staff, employers, insurers, etc.). Ménard also touches upon the following important rights issues: the right to medical care; the inviolability of the person; consent for testing and confidentiality; equality and freedom from discrimination; and the right to work and to have insurance.

**Montagnier, Luc, ed. (1985) "Des spécialistes Répondent à Vos Questions" (Professionals Answer Your Questions on AIDS), Quebec, Les Editions - Je Pige.**

This set of articles offers a detailed scientific and medical description of the AIDS virus from original infection to onset of the disease and provides information on transmission modes, prevention measures and present and projected developments of the epidemic. Even though this report does not refer to the social implications of the disease, Montagnier suggests that a precise analysis of the latency period of the infection during which a fatal illness might be started by stressful life events could support a call for protective social measures for the HIV infected person from the very beginning of the infection.

**Morrisset, Richard and Jocelyn Delage (1986) *Le sida flé au réel ou fictif?* (AIDS: A Real or Fictitious Scourge), Ottawa: Les Editions de la Prene.**

The first part of this book offers a medical and scientific description of the disease for the general public. The second part briefly reviews (in list form) the legal, ethical and economic issues related to the disease. The third part describes the work of the Sida-Quebec Committee run by medical doctors and scientists whose mission is to promote research and coordinate the medical and scientific response to the disease and to its evolution as an epidemic. The book also provides a list of organizations involved with AIDS around the world.

**Moss, Veronica (1988) "The Mildmay Approach,"**  
*Journal of Palliative Care*, December, Vol. 4, No. 4,  
pp. 102-106.

The Mildmay Mission Hospital in London, England, emphasizes living, not dying, with AIDS through a patient-directed, multidisciplinary and holistic approach to care. Moss describes the hospice's philosophy of care, which challenges many preconceptions and attitudes to care of patients in general, and palliative care in particular. She goes on to discuss Hospital set-up, funding, staffing, and some lessons learned in the early months of the Hospital's hospice operation.

**Nursing Quebec (1988) "Où Obtenir de l'Aide" (Where to Obtain Help),** Quebec, Vol. 8, No. 3, May/June 1988, p.65.

This article provides a list and description of community resources available in Quebec for information, support and research on AIDS.

**Ornstein, Michael (1989) *AIDS Canada: in Knowledge, Behaviour, and Attitudes of Adults*,** Toronto: University of Toronto Press.

The information provided in this report is based on a telephone survey of 1,259 randomly selected participants. The survey dealt with knowledge about AIDS and how it is communicated, with behaviour involving risk of HIV infection, and with public policy for dealing with AIDS. The report makes a number of recommendations which address the following issues: public education; media's responsibility for AIDS education; behaviour involving risk of HIV infection; and attitudes towards AIDS.

**Porlier, Collette (1989) "Les Appartements du Sida" (AIDS Apartments),** *Paris Match*, Paris, No. 2533-2072, 9 February, pp. 81-84.

This article relates the experiences of people living in "therapeutic and social housing for AIDS patients" in Paris. An association called "Apart" provides five apartments for AIDS patients to share at a modest price. The accommodation includes meals twice a day and the support of social workers and medical staff as an alternative to hospitalization.

**Pollatsek, Judy (1987) "Hospice for AIDS Patients,"**  
*The American Journal of Hospice Care*, November/December, Vol. 4, No. 6, pp. 9-10.

Pollatsek identifies the lack of staff skills, fear, and the lack of resources as the three major barriers toward admission of persons with AIDS to hospice care. She discusses how AIDS

education, which addresses medical needs, infection control, and the psychological needs of patients, families and significant others can overcome a staff's lack of skill and fear.

**Promotions de la Santé (1987) "Initiatives communautaires" (Community Initiatives),** *Bilingual*, No. 1, Summer, pp. 24-27.

At present most of the support for persons with AIDS in Canada comes from the twenty-five community-based organizations formed to meet the tremendous emotional needs of these individuals. This issue of Health Promotion highlights the contribution of the following five AIDS service groups located in cities across Canada: the Metro Area Committee on AIDS in Nova Scotia, the Comité Sida Montréal in Quebec, the AIDS Committee of Toronto, the Village Clinic of Winnipeg, and AIDS Vancouver. Their activities include education and prevention campaigns, organization of self-help groups, "buddy" systems, and in Vancouver, a terminal care hospice facility.

**Raffesstin, Claude and Roderick Lawrence (1990) "An Ecological Perspective on Housing, Health and Well-Being,"** *Journal of Sociology and Social Welfare*, March, Vol. XVII, No.1, pp.143-160.

This article discusses the interrelated nature of housing, health and well-being from a human ecological perspective. The article, which recognizes that housing conditions have an effect on the health of residents, argues that they cannot be studied in isolation from other factors which form an integral part of the lifestyle of the inhabitants and therefore influences their health and wellbeing.

**Raynsford and Martin (1989) *Housing is an AIDS Issue*,** U.K.: National AIDS Trust.

This comprehensive report was commissioned by the National AIDS Trust in order to develop a strategy for its future work on housing issues based on the authors' assessment of the level of present and future needs and their analysis of some of the existing constraints. The report considers the scale of the housing problem for people with AIDS or HIV infection and relates the problem to the wider context of housing policy. The report goes on to examine and discuss the merits of existing housing provision for people with AIDS or HIV infection as well as issues of coordination, access and resources.

**Resource Information Services (1987) *AIDS: The Issues for Housing*,** London: Calverts Press.

The impact of AIDS on housing services are in great need of support from local and governmental sources. This book examines the problems of adequate housing for people with

AIDS, health policies and offers recommendations for quality housing.

**Rivlin, Leanne G. (1990) "The Significance of Home and Homelessness," *Marriage and Family Review*, Vol. 15, No. 1/2, pp. 39-56.**

This chapter discusses homelessness and the problems associated with it by examining the ways in which homeless persons cope with their lives, address their basic needs and create supportive communities.

**Rogers, David E. and Eli Ginzberg (1989) *Public and Professional Attitudes Towards AIDS Patients: A National Dilemma*, Boulder: Westview Press.**

This volume analyzes, in considerable depth, how fears, prejudices, social and moral values, and individual perceptions have affected and shaped the public, personal, professional, and economic ways in which our society interacts with people suffering from AIDS and HIV infection.

**Rogers, David E. and Eli Ginzberg (1988) *The AIDS Patient: An Action Agenda*, London: Westview Press.**

The purpose of this book is to introduce the major themes that surfaced during the two days of interchange between the authors of the papers and a selected group of individuals from both the public and private sectors who had been active in the formulation and implementation of AIDS policies and programs. This overview of the papers and the discussion demonstrates how the challenge of the AIDS epidemic intersects with basic societal, political, and health care values and the institutions that plan and implement preventive and therapeutic programs for present and future sufferers of the disease.

**Rose, Loree (1989) "People with AIDS: International Housing Initiatives," *Canadian Housing*, Winter, Vol. 6, No. 4, pp. 64.**

Rose describes two international housing initiatives for persons with AIDS as presented at the Fifth International Conference on AIDS in Montreal. The first initiative in Paris, France, the Therapeutic/Social Apartments, works to integrate persons with AIDS back into the community and offers them the opportunity to live independently. The second initiative by the AIDS Resource Center in New York City, the Supportive Housing Apartment Program, operates two model programs. The first are scattered site apartments served by a mobile support service team while the second is a group residence with continuous on-site services that include case management, recreation, nursing

and medical monitoring, medical services, substance use counselling and personal care assistance.

**Rowe, Mona and Caitlin Ryan (1987) *AIDS: A Public Health Challenge, State Policies and Programs, Volume 2: Managing and Financing the Problem*, Intergovernmental Health Policy Project, The George Washington University.**

The purpose of this guide is to provide state decision makers with an understanding of AIDS-related questions and issues and to comprehensively review significant AIDS-related policy issues. The major topics that are examined are support services, medical services, housing issues and at-home patient care and management.

**Royal Society of Canada (1988) *AIDS: A Perspective for Canadians, Summary Report and Recommendations*, Ottawa: Royal Society of Canada.**

This report reviews the legal rights of HIV infected persons with respect to such issues as obligatory treatment, mandatory examination, confidentiality and discrimination. Among other recommendations the report suggests the following: the enactment of legislation imposing liability for breaches of provincial professional regulatory legislation which would allow under certain circumstances, the disclosure without their consent of a patient's HIV status to a person or persons in danger of infection by that person; and the amendment of all human rights legislation to prohibit discrimination based on evidence of or perception of HIV infection, or sexual orientation.

**Rubenfeld, Abby R., ed. (1987) "Housing and Real Estate Issues," *AIDS Legal Guide*, Second Edition, New York: Lambda Legal Defense and Education Fund Inc.**

The first section of this chapter focuses on the private housing market, specifically, statutes enacted to prohibit AIDS or handicap-based discrimination in the sale or rental of real estate. The rights of tenants under New York State law are described in detail for both substantive and illustrative purposes. The second section examines the use of public accommodations laws to enforce the rights of AIDS service providers to buy or lease business premises.

**Saunders, Dame Cicely (1987) "Hospice for AIDS Patients," *The American Journal of Hospice Care*, November/ December, Vol. 4, No. 6, pp. 7-8.**

Dame Saunders briefly discusses problems and opportunities for integrating AIDS patients into the United Kingdom's hospice

system. She suggests that the current skill level of hospice care givers is not well suited to caring for AIDS patients and recommends that new care teams with appropriate expertise be assembled to offer the necessary continuity of care.

**Sarvela, Paul D. and John R. Moore (1989) "Nursing Home Employee Attitudes Towards AIDS," *Health Values*, March/April, Vol. 13, No. 2, pp. 11-16.**

This article examines nursing home employee attitudes toward issues related to AIDS. Information was drawn from a survey of 343 employees from 13 nursing homes in small, rural towns in southern Illinois during the spring of 1988. Results have shown that a large majority of the employees had negative attitudes toward people with AIDS. Sarvela and Moore outline possible educational strategies to reduce such attitudes.

**Schietinger, Helen (1986) "A Home Care Plan for AIDS," *The American Journal of Nursing*, September, Vol. 86, No. 9, pp. 1021-1028.**

Schietinger describes the various AIDS-related symptoms which may be experienced by a patient during an acute, chronic or terminal phase of the illness. She offers practical suggestions for tailoring a home care plan to respond to an individual's specific care needs. For example, for one patient the home care plan may focus on maintaining or regaining independence, while for another, palliative care for terminal illness is the goal.

**Schietinger, Helen (1989) "Housing: A Critical Need for People with AIDS," *Community Development Journal*, July, Vol. 24, No. 3, pp. 195-202.**

Housing has been a critical problem for a disproportionate number of people with HIV infection throughout the world. This article discusses some key issues which contribute to the problem, as well as solutions which have been developed by communities in the U.S. The primary model of housing, independent group living, is described in detail using the Shanti Residence Program as an example.

**Schneeberger, C. (1989) "Soins infirmiers et Sida" (Nursing Care and AIDS), *Paris, Soins*, No. 520, January, pp. 3-6.**

A thorough report directed at nurses and care givers on the practical aspects of caring for people with AIDS. It describes the material and emotional needs of the infected person (as well as those of his/her caretaker) from diagnosis to the approach of death (nutrition, hygiene, education, emotional issues, etc.) and discusses the social difficulties of the patient who may be disconnected from family and friends. Finally, the role of self-

help groups and other associations providing support to the infected person and the practical problems of caring for drug addicted persons with AIDS is analyzed.

**Shekter, Richard H. and Tracey Tremayne-Lloyd (1989) "The Legal Implications of AIDS: The Canadian Experience," *The Journal of Legal Medicine*, March, Vol. 10, No. 1, pp. 155-167.**

This article draws on the findings of the Canadian Bar Association's 1986 study of the legal implications of AIDS to provide an overview of three of the study's subject areas: testing, reporting, and the protection of individual rights. The authors' conclusions stress the importance of education, both for containing the spread of the virus and for moderating public reaction to and fear about AIDS, and suggests that Canada's current legal framework, with modifications, is an effective vehicle for protecting public health.

**Sigaud, Paul and Armelle Signargout (1987) "Aux U.S.A.: ils brisent l'isolement des malades du Sida" (In the United States They Break the Isolation of the Persons with AIDS), *La Vie, Paris*, No. 2181, 17 Juin, pp. 25-28.**

This article describes the activities of a self-help group for persons with AIDS based at the Whitman Walker clinic in Washington, D.C. Volunteers become the "buddies" of people with AIDS to lend emotional support and help them with the practical aspects of their everyday lives. The article also mentions a hospice for people dying of AIDS recently opened in Washington by Mother Theresa, and a "Teen AIDS hotline" run by volunteers to answer their peers' questions about AIDS.

**Spurgeon, David (1988) *Understanding AIDS: A Canadian Strategy*, Toronto: Key Porter Books.**

To explore the overall implications of AIDS for Canadian society as a whole, Spurgeon outlines the Royal Society of Canada's recommendations which address the following issues: the prevention of spread, testing for HIV, care and treatment of the infected, organization of research, and areas of future research.

**Steinbrook, Robert, Bernard Lo, Jeffrey Moulton, Glenn Saika, Harry Hollander and Paul A. Volberding (1986) "Preferences of Homosexual Men with AIDS for Life-Sustaining Treatment," *New England Journal of Medicine*, February, Vol. 314, No. 7, pp. 457-460.**



Little is known about the preferences of patients with AIDS for life-sustaining treatment and their use of advance directives. The authors surveyed 118 homosexual male outpatients with AIDS in order to answer these questions: Had they thought about life-sustaining treatment? What were their preferences about life-sustaining treatment? How did they react to thinking about life-sustaining treatment? What were their preferences for discussing such treatment with physicians? Were patients providing advance directives to guide care? The results found that most patients had thought about care and advance directives and wanted to discuss such treatment with physicians.

**Stewart, Ruth and Edward Brado (1988) "Developing Community Care for Patients with AIDS: The Role of Home Care," *Journal of Palliative Care*, December, Vol.4, No.4, pp. 107-110.**

This article describes the adaptations made to Metropolitan Toronto's Home Care Program in such areas as evaluation, education for staff and suppliers and contacts with the community, in an effort to better coordinate care and services for people with AIDS.

**Torrens, Paul R., ed. (1985) *Hospice Programs and Public Policy*, Washington: American Hospital Publishing Inc.**

Developed to stimulate a deeper understanding of the need for hospice programs and public policy, this book is comprised of essays, addresses, and lectures. The first section in this book, is devoted to certain background topics and is designed to ensure that all readers have the same basic knowledge of hospice programs in general. The second section looks at important issues in the consideration of future public policy for hospice programs such as special care programs, financing, current status levels of hospices, administration and ethical issues. The third section brings together some of the more important public policy questions together in summary form.

**Traska, M.R. (1986) "Alternate Care: No Home Means No Home Care for AIDS Patients," *Hospitals*, January, Vol. 60, pp. 69-71.**

The lack of appropriate hospice facilities in the United States has made it necessary for many homeless persons with AIDS to remain in hospital for extended periods of time. This article discusses home and hospital care for the homeless AIDS patient.

**United Way and The Federal Centre for AIDS (1989) *An AIDS Guide for Voluntary Human Service Organizations*, Canada: Health and Welfare Canada.**

The purpose of this manual is to identify AIDS-related issues of particular concern to human service agencies, to share useful information, identify resources, and continue the process of building a network of cooperation in the voluntary sector around this issue. The manual is divided into five sections: i) the implications of AIDS on human services; ii) developing internal policies; iii) developing AIDS-related services; iv) considering care and support issues and, v) finding resources.

**Wainwright, Sally (1990) *Housing and HIV Disease: Policy Guideline for Scottish Housing Associations*, Scotland: AIDS and Housing Projects with the AIDS and Housing Group.**

This report highlights such issues as confidentiality, harassment, health and safety, and equal opportunity which Wainwright feels need to be taken into account by housing associations hoping to meet the housing needs of people with AIDS or HIV infection. The report also offers practical guidance on how to deal with the policy implications of these issues and suggests strategies for implementing policy decisions.

**Wuellner, Kurt A. (1989) *1988 Northwest AIDS Foundation Housing Report*, Seattle: The Northwest AIDS Foundation.**

The Foundation report details the current housing options available for persons with AIDS in the United States in general and the northwest area in particular, and reviews occupancy rates for each. It also provides client profiles, discusses the need for further resource development, and provides options and recommendations for the future of the housing program.

**Williams, Michael J. (1988) "The Experience for a Gay Man of Serving as a 'Buddy' to a Person with AIDS or ARC," *Studies in Social Work*, November, Vol. 59, No. 1, pp. 38-52.**

This study examines the experience of a gay man serving as a buddy to a person with AIDS or ARC, given that gay men themselves are in a high-risk group for infection. Williams examines the correlations between working closely with someone with AIDS or ARC, the developmental process of "coming out," and the level of psychological distress experienced.

**Whitmore, George (1988) *Someone Was Here: Profiles in the AIDS Epidemic*, New York: New American Library.**

A very personal account of the psychosocial aspects of AIDS drawn from the author's numerous interviews with people regarding their AIDS-related experiences.



**Wilson, Deborah (1990) "A Death in the Family," *The Globe and Mail*, April 26.**

This article examines the life of a person with AIDS living in Vancouver's Heritage House, an unofficial unsubsidized residence for people with AIDS.

**Witt, Michael D. (1986) *AIDS and Patient Management: Legal, Ethical and Social Issues*, Owing Mills: National Health Publishing.**

This book was adapted from the conference "AIDS-the Ethical, Legal, and Social Considerations," sponsored jointly by Tufts New England Medical Center and Public Responsibility in Medicine and Research. Conference participants included not only public health officers, epidemiologists, infectious disease experts, virologists, microbiologists, psychiatrists, and medical scientists, but attorneys, ethicists, gay rights proponents, historians, social scientists and lay people who have experienced the disease themselves as well. Together they offer an amalgam of unique perspectives that summarize how the world views the AIDS epidemic.

**Yates, Peter (1989) *Housing and HIV Disease: Guidelines for Housing Association Action*, A report prepared for the AIDS and Housing Project and the National Federation of Housing Associations, London: National Federation of Housing Associations.**

This report was prepared to help member housing associations review their policies and practices which affect the way they might meet the needs of people with HIV infection or AIDS. The report discusses the relationship between AIDS and housing and offers numerous practical suggestions regarding such issues as confidentiality, health and safety, harassment, equal opportunity, tenant selection, employment procedures, staff training and support, housing management practice, and developing housing options.